

## Member Services Request

NEW       UPDATE      DATE: \_\_\_\_\_      MEMBER NO: \_\_\_\_\_

### IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person when opening a new account.

**What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.**

### MEMBER/OWNER INFORMATION

Update

Member/Owner Name:	SSN/TIN:	
Mailing Address:	ID Type:	
City/State/Zip:	ID Number:	
Physical Address:	ID Issuing State:	ID Issuing Date:
City/State/Zip:	ID Exp. Date:	Date of Birth:
Primary Phone:	Email:	
Cell Phone:		
Employer Name:	Occupation/Title:	
Employee ID Number:	Employment Location (School):	
Employer's Address:		

*If the Employer is other than the Wicomico Co. Board of Ed. or Wicomico Co. Govt., the applicant must indicate reason for eligibility below:*

- In immediate family or household of a current or former Member {name of Member: \_\_\_\_\_  
Relationship to Member: \_\_\_\_\_}
- Retired from the Wicomico Co. Board of Ed. or Wicomico Co. Govt. {Date of Retirement: \_\_\_\_\_}
- Volunteer working for Wicomico Co. Board of Ed. {Location of volunteer work: \_\_\_\_\_}
- Employee of this Credit Union

The IRS-required certifications set forth in the "TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION" section apply to the member/owner listed above.

### ACCOUNT OWNERSHIP

Designate the ownership of the accounts and responsibility for the services requested.

- Individual       Joint Account with Rights of Survivorship       Joint Account without Rights of Survivorship

### JOINT OWNER/AUTHORIZED SIGNER INFORMATION

- Joint Owner       UTMA Custodian       Agent       Other Authorized Signer (Describe): \_\_\_\_\_  
 Add       Update       Remove

Name #1:	SSN/TIN:	
Mailing Address:	ID Type:	
City/State/Zip:	ID Number:	
Physical Address:	ID Issuing State:	ID Issuing Date:
City/State/Zip:	ID Exp. Date:	Date of Birth:
Primary Phone:	Email:	
Cell Phone:		
Employer:	Occupation/Title:	

- Joint Owner       Agent       Other Authorized Signer (Describe): \_\_\_\_\_  
 Add       Update       Remove

Name #2:	SSN/TIN:	
Mailing Address:	ID Type:	
City/State/Zip:	ID Number:	
Physical Address:	ID Issuing State:	ID Issuing Date:
City/State/Zip:	ID Exp. Date:	Date of Birth:
Primary Phone:	Email:	
Cell Phone:		
Employer:	Occupation/Title:	

**JOINT OWNER/AUTHORIZED SIGNER INFORMATION (continued)**

Joint Owner       Agent       Other Authorized Signer (Describe): \_\_\_\_\_

Add       Update       Remove

Name #3: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ ID Type: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ ID Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_ ID Issuing State: \_\_\_\_\_ ID Issuing Date: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ ID Exp. Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation/Title: \_\_\_\_\_

**ACCOUNT TYPES**

Share/Savings: \_\_\_\_\_  Add  Remove       Money Market: \_\_\_\_\_  Add  Remove

Share Draft/Checking: \_\_\_\_\_  Add  Remove       Other: \_\_\_\_\_  Add  Remove

Share Certificate/Certificate: \_\_\_\_\_  Add  Remove       Other: \_\_\_\_\_  Add  Remove

**ACCOUNT SERVICES**

ATM Card: \_\_\_\_\_  Add  Remove       Overdraft Protection       Update

Debit Card: \_\_\_\_\_  Add  Remove      Indicate transfer priority:

Audio Response: \_\_\_\_\_  Add  Remove      1. \_\_\_\_\_

Internet Banking: \_\_\_\_\_  Add  Remove      2. \_\_\_\_\_

Mobile Banking: \_\_\_\_\_  Add  Remove      3. \_\_\_\_\_

Bill Payment: \_\_\_\_\_  Add  Remove      4. \_\_\_\_\_

Other: \_\_\_\_\_  Add  Remove

**ACCOUNT DESIGNATIONS**

Payable on Death Account (POD)       All Accounts       Designate Specific Accounts: \_\_\_\_\_

Add       Update       Remove       Add       Update       Remove

POD Payee: \_\_\_\_\_ POD Payee: \_\_\_\_\_

SSN/TIN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street: \_\_\_\_\_ Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Convenience Account  
 Add       Update       Remove

Name of Convenience Person: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Personal Custodian Account (as custodian for \_\_\_\_\_).  
 All Accounts       Designate Specific Accounts: \_\_\_\_\_

**UTMA CUSTODIAL DESIGNATION AND INFORMATION**

The account(s) listed in the "ACCOUNT TYPE" section is/are held by the custodian(s) named below for \_\_\_\_\_  
\_\_\_\_\_ (Minor), \_\_\_\_\_ (Minor's SSN/TIN) under the Maryland Uniform  
Transfer to Minors Act.

Custodian 1: \_\_\_\_\_ Custodian 2: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

DOB: \_\_\_\_\_ DOB: \_\_\_\_\_

SSN/TIN: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_

**UTMA DESIGNATION OF SUCCESSOR CUSTODIAN**

Pursuant to the Maryland Uniform Transfer to Minors Act, I designate: \_\_\_\_\_

successor custodian(s) for all accounts listed in the "ACCOUNT TYPE" section. This designation shall take the effect only upon my death, resignation, incapacity or removal.

**X** \_\_\_\_\_ **X** \_\_\_\_\_  
Signature of Custodian Date Witness Date

**TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION**

*Under penalties of perjury, I certify that:*

- (1) *The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued), and*
- (2) *I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and*
- (3) *I am a U.S. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations Section 301.7701-7).*
- (4) *The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.*

**Certification Instructions.** Check the box for item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. By checking this box, this serves to strike out the language related to underreporting. Complete a W-8 BEN if you are not a U.S. person. If a W-8 BEN is completed, your signature does not serve to certify this section.

Exempt payee code (if any) \_\_\_\_\_ Exemption from FATCA reporting code (if any) \_\_\_\_\_

**AUTHORIZATION**

By signing or otherwise authenticating, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Privacy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of the agreements and disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Fund Transfers Agreement and Disclosure. All of the terms, conditions, form of account ownership, account selection and other information indicated on this document applies to all of the accounts listed unless the credit union is notified in writing of a change. I/We agree that any updates identified herein amend the previously signed Member Services Request(s), and are subject to the terms and conditions of the applicable disclosures noted above.

**The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

Member/Owner \_\_\_\_\_ Date \_\_\_\_\_  
**X**

Joint Owner/Authorized Signer \_\_\_\_\_ Date \_\_\_\_\_  
**X**

Joint Owner/Authorized Signer \_\_\_\_\_ Date \_\_\_\_\_  
**X**

Joint Owner/Authorized Signer \_\_\_\_\_ Date \_\_\_\_\_  
**X**

**FOR CREDIT UNION USE ONLY**

Date of Membership Request: \_\_\_\_\_ Opened/Verified By: \_\_\_\_\_ Eligible For Membership:  Yes /  No

Member Verification:

Verification List(s) Checked:  OFAC  Driver's License  Other: \_\_\_\_\_

This Application for Membership is  approved /  not approved by the Membership Officer:

Date: \_\_\_\_\_ Signed: \_\_\_\_\_